

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	20		↓	↓	↓	↓
TOTAL CLAIMS	29	29	29	29	29	29

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS			29	29	29	29

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS